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COURSE BROCHURE

Advanced Organisational Health and Capability Building Training Course

22 February – 5 March 2027
New York

jupiterprime.uk

info@jupiterprime.uk

Registered in the United Kingdom and Saudi Arabia

Advanced Organisational Health and Capability Building Training Course

Ref: 1064_40123 **Date:** 22 February – 5 March 2027 **Location:** New York **Fees:** 14000 GBP

Organisational Health and Capability Building is a 2-week training course for senior managers and business unit heads who must keep a unit fit to perform while it grows the skills tomorrow's work demands, and each participant leaves with a Unit Health and Capability Roadmap. Organisations now face shorter skill half-lives, hybrid working and tighter talent markets, so the condition of the organisation itself has become a leadership responsibility. The course is offered by Jupiter Prime Training.

Why Organisational Health and Capability Building Matters Now

Three forces shape organisational health today: automation reshaping job content faster than training calendars, a workforce that expects growth and honest conversations, and boards asking whether a unit can sustain performance rather than hit one target. A unit that reads its own health early keeps talent, adapts its routines and builds skills before gaps hurt service. One that ignores the signals sees burnout, silent attrition and stalled change. The course draws on Objectives and Key Results OKRs, the 70-20-10 learning model, situational leadership and 360-degree feedback, used as lenses rather than templates.

Who Gains Most from Organisational Health and Capability Building

- Leaders accountable for the performance and morale of a whole business unit
- Heads of function who set the meeting rhythm and decision rights of their teams
- Senior managers responsible for succession, bench strength and critical skills
- Leaders steering a unit through restructuring, growth or a merger
- Senior partners to the business in people, learning and organisation design

Leadership teams of one unit gain most when several members attend together, because they can agree a shared health baseline and a single capability agenda.

Organisational Health and Capability Building Capabilities

Participants practise reading the vital signs of a unit and converting them into deliberate investments in people, routines and skills.

- Assess unit health with pulse surveys, attrition patterns and climate interviews — the executive team deciding where to intervene
- Design an operating cadence of check-ins, quarterly resets and retrospectives — line managers running the rhythm
- Build a capability map that separates critical, emerging and declining skills — workforce planning decisions
- Apply OKRs to capability goals rather than output alone — functional heads balancing delivery and growth
- Communicate through structured performance dialogues and feedback loops — individual contributors and their development
- Weigh build, buy, borrow and redeploy options for each skill gap — budget holders and talent partners

Key Organisational Health and Capability Building Terms

- Organisational health — the capacity of a unit to align, execute and renew itself over time, beyond short-term results.
- Capability map — a visual inventory of the skills a unit holds and needs, rated by criticality and current depth.
- Operating cadence — the recurring sequence of meetings, check-ins and resets through which a unit steers its priorities.
- Performance dialogue — a regular, two-way conversation on progress, obstacles and growth, replacing the once-a-year appraisal.
- Bench strength — the number of ready or near-ready successors available for critical roles in a unit.
- Psychological safety — a shared belief that people can raise concerns, admit errors and challenge ideas without penalty.

Organisational Health and Capability Building Day by Day

Day 1: The Unit as a Living System

- Organisational Health Dimensions — What Separates Durable Units From Fragile Ones
- Skill Half-Life and Automation Trends — Which Roles Change First
- Workforce Expectations of Growth — Retention Risk in Key Talent
- Stakeholder Lens on Unit Fitness — Board, Customer and Employee Views
- Health Versus Performance Trade-Offs — When Short-Term Wins Erode Capacity

Day 2: Reading the Vital Signs

- Pulse Survey Design — Questions That Reveal Real Friction
- Attrition and Absence Patterns — Early Warnings of Disengagement
- Climate Interviews and Skip-Level Meetings — Hearing Unfiltered Views
- Psychological Safety Indicators — Where Silence Hides Risk
- Unit Health Baseline — Choosing the Few Signals to Track

Day 3: Designing the Operating Cadence

- Meeting Architecture Audit — Cutting Forums That Add No Decisions
- Weekly Check-Ins and Quarterly Resets — Rhythm for Shifting Priorities
- Decision Rights Matrix — Who Decides, Who Advises, Who Executes
- Retrospectives and After-Action Reviews — Learning Built Into Routine
- Cadence Calendar — Aligning Rhythm Across Interdependent Teams

Day 4: OKRs for Growth as Well as Output

- Objectives and Key Results Structure — Ambition Versus Committed Goals
- Capability Key Results — Measuring Skill Growth Alongside Delivery
- Cascading Versus Networked OKRs — Autonomy for Front-Line Teams
- OKR Grading and Scoring — Honest Learning Rather Than Blame
- Common OKR Failure Modes — Sandbagging, Overload and Vanity Metrics

Day 5: Mapping Critical Capabilities

- Capability Map Construction — Critical, Emerging and Declining Skills
- Skills Taxonomy and Proficiency Levels — A Shared Language for Talent
- Gap Heatmap — Where Shortfalls Threaten Service or Strategy
- Build, Buy, Borrow, Redeploy Options — Matching Response to Each Gap
- Bench Strength Review — Succession Cover for Pivotal Roles

Day 6: Growing Capability at Work

- 70-20-10 Learning Model — Balancing Experience, Exposure and Instruction
- Stretch Assignments and Rotations — Developing Leaders Inside Live Work
- Coaching and Mentoring Structures — Who Develops Whom
- Communities of Practice — Spreading Expertise Across Silos
- Learning Transfer Measures — Evidence That New Skills Are Used

Day 7: Performance Dialogues That Develop People

- Continuous Performance Conversations — Replacing the Annual Appraisal Ritual
- Situational Leadership — Adjusting Direction and Support to Readiness
- Feedback Models for Senior Conversations — Candour Without Damage
- 360-Degree Feedback — Rounding Out a Leader's Self-View
- Difficult Conversations on Underperformance — Fair Paths to Recovery or Exit

Day 8: Health Through Change and Pressure

- Change Load Assessment — How Much Disruption a Unit Can Absorb
- Restructuring and Merger Integration — Protecting Morale and Knowledge
- Burnout Risk and Workload Balancing — Sustainable Pace for Teams
- Hybrid and Distributed Team Norms — Cohesion Across Locations
- Sector Cases From Healthcare and Logistics — Recovery After Disruption

Day 9: Investment Choices and Trade-Offs

- Capability Investment Portfolio — Ranking Skill Bets by Impact
- Health Dashboard for Leadership Teams — Few Measures, Reviewed Often
- Talent Partner Collaboration — Shared Ownership of People Decisions
- Ethical Use of People Analytics — Privacy and Trust Boundaries
- Making the Case to Sponsors — Linking Health Signals to Results

Day 10: Practising the Unit Health and Capability Roadmap

- Baseline Diagnosis Applied — Each Participant's Own Unit Signals
- Cadence Redesign Applied — A Revised Rhythm for One Team
- Capability Gap Plan Applied — Responses for Three Critical Skills
- Peer Challenge Panel — Testing Assumptions With Fellow Leaders
- Unit Health and Capability Roadmap — Finalising Milestones and Owners

Applying Organisational Health and Capability Building After the Course

- Run a short pulse survey and two skip-level conversations, then share a one-page health baseline with the leadership team.
- Replace one low-value recurring meeting with a monthly performance dialogue cycle and a capability key result for each team lead.

Organisational Health and Capability Building Questions FAQ

What is organisational health and capability building, and why does it matter now?

It is the discipline of keeping a unit able to perform and renew itself while growing the skills it will need. It matters now because skills age quickly, people expect development, and sponsors judge leaders on sustained capacity rather than one strong quarter.

Which roles gain most from organisational health and capability building?

Senior managers and business unit heads gain most, especially those who set team rhythms, own succession for critical roles or lead units through change. Partners from people and learning functions also benefit when they attend alongside line leaders.

How does organisational health and capability building differ from a strategy execution course?

It looks at the condition of the unit rather than the delivery of a strategy. A strategy execution course tracks initiatives and targets; this one examines morale, routines, skills and succession, the capacity that makes any strategy achievable.

What do you bring back from organisational health and capability building?

You bring back a roadmap for your own unit. It holds a health baseline, a redesigned meeting rhythm, a capability map with responses for critical gaps and owners for each milestone, ready to discuss with your leadership team.

Organisational Health and Capability Building: The Way Forward

The Unit Health and Capability Roadmap first informs which skill gap a leadership team funds next, and which meetings it stops. Business unit heads, their direct reports and talent partners use it in quarterly resets. After its first cycle, the perspective worth revisiting is the balance between delivery pressure and growth, since that balance drifts quietly as conditions change.